

**Consensus Guidelines Feedback Form**

**Indiana Consensus Guidelines for Diabetes Mellitus Care**

**Developed by the Indiana Consensus Guidelines for Diabetes Care Task Force**

Instructions: Please complete both pages of this form and fax to the Indiana Diabetes Control Program, attention: Joyce Black, (317) 233-7127

1. Name: \_\_\_\_\_

Organization represented: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

2. Please check type of diabetes guidelines your organization has adopted:

\_\_\_\_\_ Indiana Consensus Guidelines Diabetes Mellitus Care

\_\_\_\_\_ American Diabetes Association

\_\_\_\_\_ Locally developed by your organization

\_\_\_\_\_ Other, please specify: \_\_\_\_\_

3. If you are using the Indiana Consensus Guidelines Diabetes Mellitus Care, please complete the following:

a) How was information on the guidelines distributed to all relevant providers?

b) What is your organization's overall response to the guidelines?

\_\_\_\_\_ Very positive

\_\_\_\_\_ Positive

\_\_\_\_\_ Negative

\_\_\_\_\_ Very negative

\_\_\_\_\_ Neutral

Comments?

**(See Next Page)**

c) What successful implementation strategies is your organization using to incorporate the guidelines into practice?

d) What strategies did not work?

e) Do you currently have a diabetes registry?

\_\_\_\_\_ Yes (Please indicate the number of people in the registry \_\_\_\_\_)

\_\_\_\_\_ No

\_\_\_\_\_ In process of development

\_\_\_\_\_ Not applicable

3. How did you hear about the guidelines?

***Thank you for your feedback!***

***Indiana Diabetes Control Program  
2 N. Meridian Street, Section 6B  
Indianapolis, IN. 46204***